## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## K86561 **DOCUMENT #**

1. Entity Name

3 D MARKETING, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90068 021 \*\*\*150.00

Suite, Apt. #, etc.    City & State   City & City	•					<b>/</b>					
Sulfe, Apr. #, etc.	C/O CAROL D 18315 CYPRES	DIETZ SS VIEW WAY	C/O CAROL DIETZ 18315 CYPRESS VIEW WAY								
City & State  Country  Country  Country  Country  A. FEI Nurier Sp-2957659  Respirated Fish Fieldings Fie	2. Principal Place of Business		3. Mailing Address				I 1801/03/) 00/ 10/10 03/07 8/1/0 8/1/07 1/07 8/07/ 0/07/ 0/07/ 0/07/ 0/07/ 0/07/ 0/07/ 0/07/ 0/07/ 0/07/ 0/07/				
Security   Zip   Country   Zip   Country   S. Certificate of Status Desired   Set. 75 Apditional Fine Proposed   Set. 7	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country   Zip   Country   S. Centificate of Status Desired   \$8.75 Additional Fee Required	City & State		City & State			<b>4.</b> F	59-295/659				
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Count	try	<b>5.</b> C	Pertificate of Status Desired		<b>75</b> Add	itional	
Name   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	t Registered Agent			7. N	ame and Address of New Regis	stered Agent			
18315 CYPRESS VIEW WAY TAMPA FL 33847  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligations of registered agent, or both, in the State of Florida. It am familiar with, and society the obligation of the o					Name			<del></del>			
8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  \$\frac{\text{FILE NOW!!!}{\text{FILE NOW!!!}} \text{ FEE IS \$150.00}{\text{ Added to Fees}} \text{ May 1, 2003 Fee will be \$550.00}{\text{ Added to Fees}} \text{ May 1, 2003 Fee will be \$550.00}{\text{ Added to Fees}} \text{ Policy Suppose or printed name of trogstowed agent and time if agetication in the State of Florida. I am familiar with, and accept the total printed agent.  \$\frac{\text{FILE NOW!!!}{\text{ FILE NOW!!!}} \text{ FEE IS \$150.00}{\text{ Added to Fees}} \text{ May 1, 2003 Fee will be \$550.00}{\text{ Added to Fees}}  Added to Fees adde	•			-	Street Addres	s (P.O. Bo	ox Number is Not Acceptable)				
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: